

CLAIMS ONLY						Application Number 09-945027	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51			
2		1		1			52			
3		2		1			53			
4				1			54			
5	1		1				55			
6	1		1				56			
7				1			57			
8		2		3			58			
9	4						59			
10	1	1	1				60			
11							61			
12							62			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	10		12				Total Indep			
Total Depend	18		12				Total Depend			
Total Claims	26		24				Total Claims			